

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028313

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 15 1962

VS 300  
Rev. 4/59

0930

0930

3

4 0

5 1

6

7 0

8 0

9/62.1

10

11

12 70-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St Clair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rockville

Length of stay in lb

2 1/2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Taberville Township

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St Clair

c. CITY OR TOWN

Rockville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route #2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
Claude H. Hinkle, Sr.

4. DATE OF DEATH

Month Day Year  
Aug - 8 - 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct - 24 - 1894

9. AGE (last birthday) (If UNDER 1 YEAR IF UNDER 24 HR)

Months Days Hours Min.  
68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Clair County Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Edward Hinkle

13b. MOTHER'S MAIDEN NAME

Mattie Chapman

14. NAME OF HUSBAND OR WIFE

Arlie Hinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
308 Arlie Hinkle, Rockville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchiogenic Carcinoma Lung.

INTERVAL BETWEEN ONSET AND DEATH

4 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to Aug 8 1962 and last saw him alive on 31 July 1962

Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.H. Braunsberger MD

22b. ADDRESS

Appleton City Mo

22c. DATE SIGNED

Aug 9 1962

23a. BURIAL, CREMATION, or other disposal (Specify)

Burial Aug - 10 - 1962

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

Howry City Cemetery, Howry City, Mo.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

Melvin L. Janssens, El Dorado Springs, Aug 9, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Chas. A. Frey

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address El Dorado, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.